Please accept my
Nomination for this years
JAK Memorial Golf Open.
Sunday, 2nd August, 2009
OR
Legacy Ambrose Golf Day
Saturday, 1st August, 2009

Name of Player : Size of Polo: Handicap

...../...../.....

I also have 1,2,3, additional players

NAME:.....Size.....Handicap....

NAME:.....Size.....Handicap....

NAME:.....Size.....Handicap....

We would like to play as a four: Yes/No
I have nominated .....Players @ $40.00
Enclosed is my cheque for $.....

I have RSVP Tim, and notified him of my attendance.

Please send this form to:-

Roy Fiegert (President)
Eudunda Golf Club
PO Box 88
EUDUNDA SA 5374

www. eudundagolf.com

Please accept my
Nomination for this years 2 Day event
The JAK Memorial Golf Weekend
Saturday 1st - Sunday 2nd August 2009

I am aware that the entry fee of $55.00 entitles me to full club facilities including 2 days Green Fees, after game BBQ on both days, breakfast @ Lunch on Sunday, Plus a Golf Cap and Polo souvenir of the event.

Name of Player: **Size of Polo:** **Handicap**

...../...../.....

I also have 1,2,3, additional players

NAME:.....Size.....Handicap....

NAME:.....Size.....Handicap....

NAME:.....Size.....Handicap....

We would like to play as a four: Yes/No
I have nominated .....Players @ $55.00
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EUDUNDA GOLF CLUB

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